

## Community Alternatives to Psychiatric Residential Treatment Facilities Demonstration Grant Abstract

### *Mississippi*

#### **Goals**

The overall goal of our efforts is to develop a systemic change model that maximizes the quality of life and functional independence of the target population and their family in a cost-effective manner. Through this demonstration grant program, our objective is to specifically test the effectiveness (both in participant functional outcomes and costs) of providing home and community-based service alternatives to PRTF's for youth in the target population.

#### **How Develop/Improve Community-integrated Services**

It is estimated that throughout the 5-year project period, the project will serve 1640 high-end intensity youth, 0-21, with SED and who are at immediate risk of being placed in a PRTF or who are already in a PRTF and want to transition back to the community. The overall *service delivery approach* for this demonstration project will be that of a *System of Care (SOC)* that ensures participating youth will have access to a coordinated, seamless, culturally competent, consumer/family driven, individualized array of services and supports in their home community. As integral components of this SOC approach, the *Wraparound* service delivery model and intensive *Case Management* (care coordination) will be integrated and utilized throughout the intervention process. Because of our commitment to the tenants of systemic care such as strengths-based, individualized care, service flexibility, family participation, and self-directed approach, Mississippi proposes not to prescribe a menu of required services. Rather, we envision a system in which the primary service coordinators (those awarded funds to be responsible for the total care of the waiver participant) identifies and determines the most effective and appropriate comprehensive approach, customized or individualized for each youth through an individualized treatment plan. Because of this responsibility, the primary service provider will ensure access to an appropriate array of services and supports necessary to meet the varying needs of the participants. In addition, because no provider can or will provide all of the services/supports needed by a youth, they will be required to collaborate and partner with other organizations to ensure access to and delivery of all necessary services/supports for the individualized, effective care of each youth. Staff members of the primary service coordinators will be provided with ongoing training and technical assistance opportunities to enhance effective care coordination and integrated service delivery for youth in the target group. Recognizing that this population has, in addition to the more obvious therapeutic needs, certain individual environmental stabilizing support needs that are critical to community-based treatment success, most plans will incorporate a variety of nontraditional, non-therapeutic supports.

#### **Outcomes**

It is our intent to measure the level of functional effectiveness by comparing the level of out-of-home placements, juvenile justice referrals, school disciplinary action, school truancy, substance abuse, utilization of high-end care, and average stay in a PRTF or acute care by participants in the project to a baseline of the same participants prior to participation. It is also the intent of this project to compare the overall cost per year of providing comprehensive community-based care to the cost of PRTFs.